REAL ESTATE COMMISSION

State of Hawaii
Professional and Vocational Licensing Division
Department of Commerce and Consumer Affairs
250 South King Street, Suite 702
Honolulu, Hawaii 96813

FOR OFFICI	E USE ONLY
Approved/Date:	Cert. No.:
Denied/Date:	
Cashier's Validation:	

SUPPLEMENTARY APPLICATION FOR PRELICENSE INDEPENDENT STUDY COURSE INSTRUCTOR

1.	Applicant's name:
2.	Business Address:
3.	Residence Address:
4.	Business Telephone: Residence Telephone:
5.	Indicate the certification(s) for which you are applying:
	Salesperson prelicensing curriculum
	Broker prelicensing curriculum
6.	I will be instructing for
	Name of school
7.	What is the delivery method(s) for the course?

8.	List the dates and course titles of classes and training you have completed on the specific method of delivery of this course. Attach certificates.
9.	List your experience in the delivery method used for this class. Attach certificate or othe verification, and/or explanation.
Certific	cation of Applicant:
are	ereby certify that the statements and answers on this application and accompanying document(s true and correct. I understand that any statement false or untrue, or any material misstatement of the shall constitute grounds for refusal or subsequent revocation of certification.
	Signature of Applicant
	Print Name